

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 0933-0255PUS1																																											
Application No. 10/547,990-Conf. #7688	Filing Date June 9, 2006	Examiner C. Chen		Art Unit 1655																																											
Applicant(s): Erkki KAURANEN																																															
<b>SKIN CARE PRODUCT CONTAINING TALL OIL FATTY ACIDS AND VEGETABLE OILS</b> <b>Invention: FOR DRY AND SCALING SKIN AND TREATMENT OF PSORIASIS, DERMATITIS, AND ECZEMAS</b>																																															
<b>MS Amendment</b> <b>Commissioner for Patents</b> <b>P.O. Box 1450</b> <b>Alexandria, VA 22313-1450</b>																																															
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.																																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="6" style="text-align: center; font-weight: bold;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"> </th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 15%;"> </th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>17</td> <td>- 20 =</td> <td>0</td> <td>x 25.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>4</td> <td>- 4 =</td> <td>0</td> <td>x 105.00</td> <td>0.00</td> </tr> <tr> <td colspan="6" style="border-top: 1px solid black; border-bottom: 1px solid black; text-align: center;"> Multiple Dependent Claims (check if applicable) <input type="checkbox"/> </td> </tr> <tr> <td colspan="6" style="border-bottom: 1px solid black; text-align: center;"> Other fee (please specify): </td> </tr> <tr> <td colspan="6" style="border-bottom: 1px solid black; text-align: right;"> <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00 </td> </tr> </tbody> </table>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	17	- 20 =	0	x 25.00	0.00	Independent Claims	4	- 4 =	0	x 105.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify):						<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00					
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<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity																																															
<input checked="" type="checkbox"/> No additional fee is required for this amendment.																																															
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																															
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																																															
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> Credit any overpayment.																																															
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																															
 Gerald M. Murphy, Jr.      Dated: May 27, 2008																																															
Attorney Reg. No.: 28,977																																															
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